



Because nothing is more important than a child's health.



What if I have questions about KCHIP?

To find out more about KCHIP, call 1-877-KCHIP-18 (1-877-524-4718). Deaf or hard of hearing persons, call 1-800-648-6056 or 711.

Para asistencia en español llame al 1-800-662-5397.

*All calls are free.
Las llamadas son gratuitas.*

Cabinet for Health and Family Services

How does KCHIP help my child?

Children with health insurance such as KCHIP or Medicaid are more likely to:

- Be healthy babies.
- Receive needed shots as toddlers to help prevent disease.
- Get treatment for problems like ear infections and asthma. Without treatment, these diseases can slow a child's ability to learn and cause other health problems.
- Have a doctor who gets to know your child's history and health needs.
- Stay healthy, so you do not have to miss work.

What does KCHIP cover?

Health care for your child is important. It prevents disease. It helps find and treat problems early. It keeps children healthy with shots (or immunizations) and regular checkups. KCHIP provides a full range of health benefits. Here are a few of the services your child may use most often:

- Health checkups and tests to make sure everything is normal (screenings)
- Prescription medicines
- Immunizations (shots)
- Doctor visits
- Eye exams and glasses
- Hearing services
- Dental care
- Hospital care
- Mental health services and much more.

Will there be any cost?

Some families will pay a **\$20** fee or premium each month to be in KCHIP. For example, a family of four that makes \$2,357-\$3,142 each month before taxes will pay the \$20. If you owe the premium, you will receive a letter that tells you what to do.



There are also co-pays that **18 year-olds** have to pay for certain services. A co-pay is part of the cost of a health service that you pay. There is a \$1 co-pay for each prescription. It is paid to the pharmacy when a prescription is filled. There is a \$2 co-pay for some office visits and services. This is paid at the time of service for dentists, chiropractors, and eye, foot and hearing doctors. If you do not have the co-pay at the time of service, you still owe it.

If your total monthly premium and co-pays ever add up to \$698 in the 12 months from your application date, call 1-877-KCHIP-18. You may not have to make any more payments for the rest of the year.

If you get health services through Passport Health Plan, your co-pays may be different. Passport will give you this information. Passport includes the 16 counties in and around Louisville.

How do I apply for KCHIP?

Call your local Department for Community Based Services' (DCBS) office. They will make an appointment for you. Or, you can go right to the local office. Calling ahead may cut your waiting time to apply. To find out where the local DCBS office is, call 1-877-KCHIP-18, or you can look on the Internet at <http://chs.ky.gov/kchip/>.

What will I need to take with me when I apply?

When you go to the DCBS office, you need to take the following:

- (1) Proof of income.
 - For pay from your job, take copies of pay stubs for the last two months. Or, you can take a letter from your employer. The letter should include:
 - your pay for the last two months



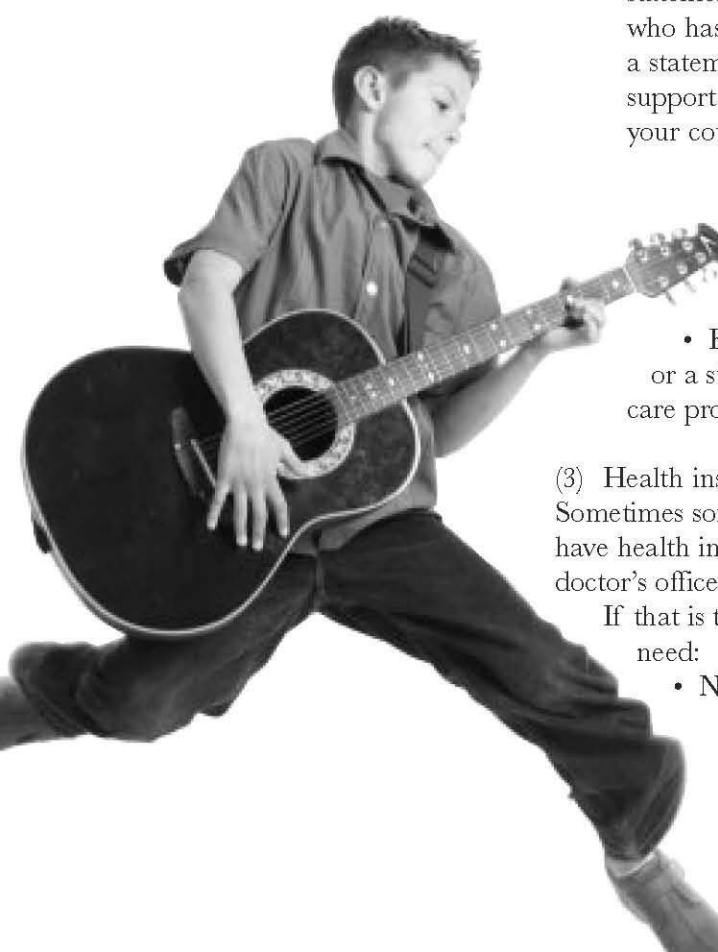
- the employer's name
- the address of the company
- a phone number and
- an original signature from the employer
- For self-employed people, take a copy of your last income tax return.
- For unearned income, take the most recent award letter or other proof of amount.



Unearned income can be:

- KTAP
- disability
- pension
- child support
- alimony
- cash gifts
- annuities
- interest earned on savings
- Social Security
- veteran's benefits
- any other unearned income

- For child support, include copies of checks. Or, you can have a statement from the parent who has custody, or you can get a statement from the child support collection agency in your county.



- (2) Proof of costs for childcare or for a disabled adult living in the home.
- Bring copies of receipts or a statement from the care provider.

- (3) Health insurance information. Sometimes someone in the family will have health insurance that pays for doctor's office visits and hospital care. If that is true in your family, we need:
- Name of the insurance company

- Group number and policy number
- Effective date
- Name of policy holder
- Names of people who are covered

How will our health coverage work?

Choosing a Primary Care Provider (PCP)

You will choose a Primary Care Provider (PCP) for your child. The PCP will serve as your child's "medical home." This means you will have someone who knows your child's health history and health needs. The PCP is the first place to go for your child's health care. The PCP also will decide when it's best for your child to see a specialist or receive other support services, and make referrals.

Getting health care for children to prevent them from getting sick is important. This is true for children of all ages. You should visit your PCP for regular checkups. Do this even when your child is not sick. That way, you can make sure he or she grows up strong and healthy.

Working closely with a DCBS caseworker

Your caseworker can help you learn about your KCHIP or Medicaid benefits. The caseworker also can tell you about other important services. Your caseworker needs to know right away if there are changes in your family, such as:

- Family or household income goes up or down
- Someone gets pregnant or has a new baby
- Someone gets married or divorced
- Someone gets a new job or loses a job
- Someone gets other health insurance

Your caseworker can also help if you lose your KCHIP card. If you need to change your Primary Care Provider, the caseworker can help you choose a new one.

Using your child's KCHIP card



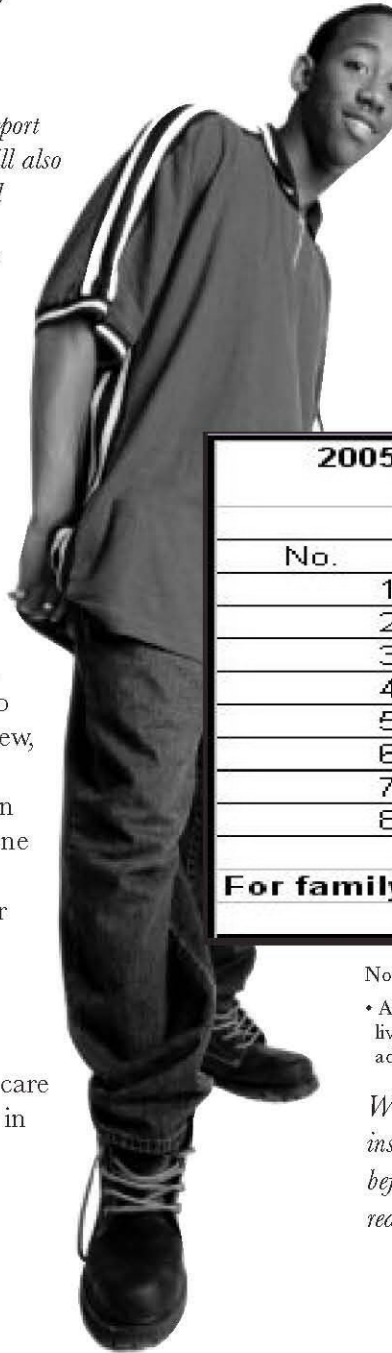
You will get a KCHIP or Medicaid card in the mail. Check your card to be sure the information is right. If the card is wrong, contact the caseworker as soon as you can. Always take your card with you when you get a health care service. The provider will check to be sure you are eligible. Never let anyone else use your card. If you lose your card, contact your caseworker right away.

If you get health services through Passport Health Plan, you will also receive a Passport card when you enroll. You must take both your Passport and KCHIP or Medicaid cards with you for services.

How do I renew KCHIP and Medicaid for my children?

If your child has KCHIP or Medicaid, you will receive a new form to fill out. The form will come in the mail every 12 months to renew the program. To renew, you must:

- Complete, sign and return the form, or do a telephone interview.
- Send proof of income for the last two months.
- Send proof of unearned income.
- Send proof of costs for childcare or costs for the care of a disabled adult living in your home.
- Send health insurance information.

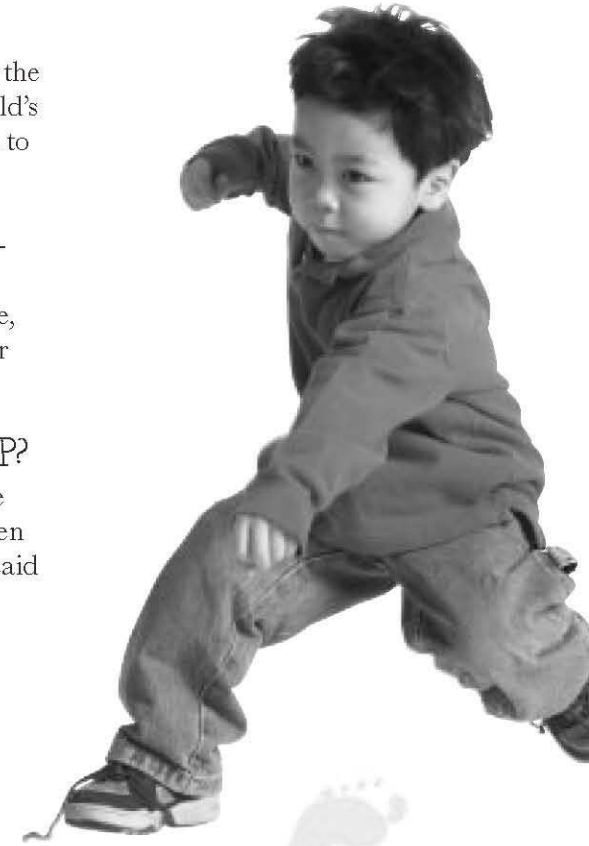


If you do not send back the form by the date printed on your notice, your child's coverage will stop, and you will need to go to the DCBS office to apply.

If you do not give DCBS true, up-to-date information about wages, unearned income or health insurance, you could lose your child's benefits or even be taken to court for fraud.

Are my children eligible for KCHIP?

Look at the chart below. If you make the amount listed or less, your children may be eligible for KCHIP or Medicaid until their 19th birthday.



2005 KCHIP Income Eligibility Ceilings by Family Size		
No.	Year	Month
1	\$19,140	\$1,595
2	\$25,660	\$2,138
3	\$32,180	\$2,682
4	\$38,700	\$3,225
5	\$45,220	\$3,768
6	\$51,740	\$4,312
7	\$58,260	\$4,855
8	\$64,780	\$5,398
For family size over 8, add \$6,520 per person (\$543 per month)		

Note: These income limits change around April of each year.

- A family consists of a child or children and the natural or adoptive parents living together in a household. For family units of more than eight members, add \$530 per month for every other family member.

With some income levels, a child must not have other health insurance or they cannot have lost health insurance for six months before applying for KCHIP. If the child loses health insurance for reasons you cannot control, they may still qualify.